

**BEST AVAILABLE COPY**

DISP. STEP 5 - INDEX AREA (for additional claim references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	DX	336	11/13
O.I.P.E. CLASSIFIER		5-	1-14-99
FORMALITY REVIEW	SA	68966	1-21-99, 32

**INDEX OF CLAIMS**

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
- (Through numeral)...	Canceled	A	Appeal
⋮	Restricted	O	Objected

Claim	Final	Original	Date
1	✓	✓	1/14/99
2	✓	✓	1/14/99
3	✓	✓	1/14/99
4	✓	✓	1/14/99
5	✓	✓	1/14/99
6	✓	✓	1/14/99
7	✓	✓	1/14/99
8	✓	✓	1/14/99
9	✓	✓	1/14/99
10	✓	✓	1/14/99
11	✓	✓	1/14/99
12	✓	✓	1/14/99
13	✓	✓	1/14/99
14	✓	✓	1/14/99
15	✓	✓	1/14/99
16	✓	✓	1/14/99
17	✓	✓	1/14/99
18	✓	✓	1/14/99
19	✓	✓	1/14/99
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25	✓	✓	1/14/99
26	✓	✓	1/14/99
27	✓	✓	1/14/99
28	✓	✓	1/14/99
29	✓	✓	1/14/99
30	✓	✓	1/14/99
31	✓	✓	1/14/99
32	✓	✓	1/14/99
33	✓	✓	1/14/99
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39	✓	✓	1/14/99
40	✓	✓	1/14/99
41	✓	✓	1/14/99
42	✓	✓	1/14/99
43	✓	✓	1/14/99
44	✓	✓	1/14/99
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here